

**Medicare Quality Improvement Organization Program**  
**Summary of Proposed 8<sup>th</sup> Scope of Work**  
**May 13, 2004**

**Statutory Mission**

The statutory mission of the Program, as set forth in Section 1862g of the statute, is to improve the efficiency, effectiveness, economy, and quality of services delivered to Medicare beneficiaries.

**Program Vision Statement**

The Program seeks to realize the following vision: “The right care for every person every time.” The “right” care corresponds to the goals expounded by the Institute of Medicine in its **Crossing the Quality Chasm** report: care that is safe, effective, patient-centered, timely, efficient, and equitable.

**Objective of 8<sup>th</sup> Scope of Work**

In the 6<sup>th</sup> and 7<sup>th</sup> Scopes of Work (SOWs), as the Program has offered assistance to providers, improvement in clinical quality measures has occurred at the national, state, and provider levels. There continues to exist, however, a significant gap for most providers between current performance and care that is consistent with the Program vision, and the pace of improvement is unacceptably slow. In the 8<sup>th</sup> SOW, the Program seeks to assist providers in adopting and implementing systems, redesigning processes, and achieving culture so as to accelerate the rate of improvement and broaden its impact. It will also seek to impact the value offered to beneficiaries through traditional Medicare, Medicare Advantage, and new Part D benefits.

**Summary of 8<sup>th</sup> SOW Content**

The 8<sup>th</sup> SOW will be organized around three domains of activity: creating an environment for quality, assisting providers in developing the capacity for and achieving excellence, and protecting beneficiaries and the Medicare Program.

*Creating an Environment for Quality*

To achieve the vision of the “right” care, an environment must be created which sets clear and consistent expectations for, and values and rewards such care, and in which providers are offered support for striving for it. In the 8<sup>th</sup> SOW, QIOs will contribute to the creation of such an environment by:

- Working with stakeholders—such as provider associations, community initiatives, governmental agencies, accreditation and survey agencies—and with media to create, communicate, and promote coordinated and consistent programs that expect, value, and provide support for quality
- Working with payers and purchasers to create, communicate, and promote programs that provide consistency of expectations within the community and financial incentives for higher levels of quality

### *Assisting Providers in Developing the Capacity for and Achieving Excellence*

Even the most highly motivated providers often need help in achieving better performance. If such help is to assist providers in achieving the “right” care, it must support transformational, rather than incremental, improvement in performance. In the 8<sup>th</sup> SOW, QIOs will be expected to provide assistance that supports systems adoption and implementation, process redesign, and organizational culture change in four settings:

- Nursing Homes – Assistance will seek to support organizational culture that builds workforce commitment and excellence around processes that are necessary for high levels of quality. Focus will be on performance in relation to pressure ulcers, restraints, and pain/depression.
- Home Health – Assistance will focus upon increasing home health agencies' confidence and proficiency in using quality improvement methodology, with an emphasis on Outcome Based Quality Improvement (OBQI), to accelerate the rate of improvement in home health outcome measures. Focus will be on outcome measures, such as readmission, which lead to continuity with hospital and ambulatory care.
- Hospitals – Assistance will seek to support organizational culture that empowers staff to achieve safety and reliability in conjunction with information systems and effective care processes. Focus will be on surgical complications reduction and acute care of patients with cardiac disease and pneumonia.
- Physician Offices – Assistance will seek to promote adoption and effective use of information technology including electronic prescribing and reminder systems in conjunction with redesign of office processes. Focus will be on more reliable delivery of preventive services and effective management of patients with chronic conditions, such as diabetes and heart disease.

Small hospitals and those in rural settings, and physician offices providing care to disproportionate numbers of patients from minority populations, will be targeted for special assistance from QIOs.

QIOs will for the first time provide assistance to physicians, Prescription Drug Plans, and Medicare Advantage Plans aimed at reducing complications of drug therapy under the new Medicare Part D benefits. Additionally, QIOs will coordinate their work in the four provider settings with Medicare Advantage Plans.

### *Protecting Beneficiaries and the Medicare Program*

Medicare beneficiaries at times experience occurrences for which they require assistance. They or their advocates can access the QIO through complaints regarding care received, emergency transfers (EMTALA), or appeals of decisions to terminate acute care services, or others can access it for them. The QIO also has the responsibility to protect the Medicare Program itself through surveillance and improvement assistance related to hospital payment errors. In the 8<sup>th</sup> SOW QIOs will:

- Expand the use of alternate processes for resolution of beneficiary complaints about quality, including promotion of mediation and patient-inclusive provider review of occurrences
- Work with selected providers, or on statewide projects, to promote necessity-based admission and procedures utilization

### **Program Management in the 8<sup>th</sup> SOW**

CMS will continue and expand the use of performance-based contracting in the 8<sup>th</sup> SOW. QIOs will be evaluated largely based on measurable impact on specified measures at the statewide level and for providers with whom they work more intensively.

CMS will explore how better to sharpen the boundary between work that QIOs do with providers that is voluntary and confidential, and review that is mandatory and for which reporting to other agencies may be required.